PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0477 Polson Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 2311 No Seeman, Keela 5.25

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District

#

23

Contract

#

1710

Shared

No

Hanson, Robert

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PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

of Days Transported

Daily

Rate

1.80

		ena, MT 59620-2	501	Individu	al and Isolated Ti	ransportation	County
DUE DATES:	February 1	First Semester to County Superi 5 to State Superir			Secon May 10 to Count May 24 to State	-	nt
COMPLE	TE THIS CLAIM FO	OR STATE REIM	BURSEMENT	FOR INDIVID	UAL AND ISOLA	TED TRANSPO	RTATION:
This claim	is for the period beginning	g	, 20	and ending _		, 20	_•
		month	day		month	day	
CERTIFIC	CATION:						
The inforn	nation on this form is comp	olete and accurate to t	he best of my know	ledge.			
Date		Signature, Chair, Boa	ard of Trustees				
County:		District:				District Level:	
24 Lake		0478 Polson	H S			High School	

Family's Name

0	PI	

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Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0481 St Ignatius K-12 Schools **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 28 1726 No Gariepy, Fred 9.25

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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0486 Swan Lake-Salmon Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 73 1705 No Dexter, Darla 1.50 73 1720 No Clarke, Paula 1.50 73 1721 Love, Monique No 7.00 73 Love, Paulette 1722 No 3.50 73 1723 Love, Paulette No 7.00 73 1724 No Luckow, Kyle 7.00 73 2261 No Asmussen, Kellee 7.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

	First Semester	Seco
DUE	February 1 to County Superintendent	May 10 to Cour
DATES:	February 15 to State Superintendent	May 24 to State

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DUE DATE	S:		First Semester ruary 1 to County Super ruary 15 to State Superi		May 10 to	Second Semester County Superintender State Superintendent	nt
COM	PLETE T	HIS CL	AIM FOR STATE REIN	IBURSEMENT FOR	R INDIVIDUAL AND IS	SOLATED TRANSPO	RTATION:
This claim is for the period beginning			beginning	, 20	and ending	, 20	_•
			month	day	mo	nth day	
CERT	IFICATI	ON:					
The ir	formation	on this for	m is complete and accurate to	the best of my knowledge.	•		
Date Signature, Chair, Board of Trustees				ard of Trustees			
County: District:						District Level:	
24 Lake 1206 Charlo H S				H S		High School	
District #	Contract #	Shared		Family's Name		Daily Rate	# of Days Transported
7J	2312	No	Kile, Jane			0.95	

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

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DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 1211 Upper West Shore Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 33 1000 No McMahon, Joe & Nola 0.25 McMahon, Joe & Nola 33 1001 No 0.25 33 1701 No Unde, Sherry 1.50 1702 Nielsen, Crystal 1.50 33 No 1706 Fischer, Rebekah S 33 No 4.50 1707 33 No Elkins, Tammy 1.00 33 1708 Elkins, Tammy No 2.00 33 1725 No Tressel, Cheri 1.50